Approved for use through 06/30/2010 OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Date December 2, 2010

Under the Paperwork Reduc	tion Act of 199	5 no persons are require	d to resp	U.S. Patent ond to a collection	t and Trade n of inform	emark Office; U.S. DEF ation unless it displays	PARTMENT OF COMMERCE a valid OMB control number	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete If Known				
				Application Number 10/717.028				
FEE TRANSMITTAL For FY 2009			L [	iling Date		November 18, 2003		
			F	irst Named Inv	entor	Bo Li		
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Connie P. Johnson		
				Art Unit		1722		
TOTAL AMOUNT OF PAYMENT (\$) 810.00 Attorney Docket No. HOC						H0005567.361	46 USA: -4780	
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 500977 Deposit Account Name: Buchalter Nemer								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
✓ Charge fee(s) indicated below X Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or underpayments of fee(s)								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
Information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SEARCH, AND EXAMINATION FEES     FILING FEES SEARCH FEES EXAMINATION FEES								
Small Entity Small Entity S						Small Entity		
Utility	330		ee (\$) i40	Fee (\$)	Fee (\$	- (.20.10)	Fees Paid (\$)	
Design	220		00	270 50	220 140	110	-	
Plant	220		30	165	170	70		
Reissue	330		40	270	650	85 325		
Provisional	220	110	0	0	0.00	0	-	
2. EXCESS CLAIM FE	ES		•	U	U		Small Entity	
Fee Description						Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						52 220	26 110	
Multiple dependent claims (including Reissues)						390	195	
Total Claims							endent Claims	
20 or HP =		x =				Fee (\$)	Fee Paid (\$)	
HP = highest number of tota indep. Claims	claims paid fo Extra Clain		5 D-	(4)				
Indep. Claims								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) 100 =/50 =(round up to a whole number) x =								
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continued Examination							810.00	
SUBMITTED BY	510	12 MAXIM	To	-tt N-				
Signature 4	MR. :	ru vivyvill i	Reg	istration No.	264	Telephone	949-224-6282	

This collection of reformation is required by 3T CFR 1.18. The information is required to obtain or retain a bursel by the grade which is to fit (and by yie USFTO) or process) in application. Confidentially is governed by 3.5 U.S.C. 122 and 3T CFR 1.4. This collection is estimated to the instruction to the USFTO. The will vary depending upon the individual case. Any comments on the amount of this you require to complete the formation and or suggestions for most better. The view of vary depending upon the individual case. Any comments on the amount of this you require to complete this form and/or suggestions for moduling this burier, should be sent to the Chief Information (Griff, u. I.S. Patest and Trademark Office, U.S. Department of Commerce, P.O. Box 1490, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1490, Alexandria, VA 22313-1450.

Name (Print/Type) Sandra P. Thompson